

ATTACHMENT 12
CONTRACTOR and RESELLER INFORMATION
(for ordering and contract administration purposes)

CONTRACTOR/COMPANY INFORMATION	
Company Name:	Artcobell Corporation
Address (from first page of bid):	1302 Industrial Boulevard Temple TX 76504
Company Website:	www.artcobell.com
Federal ID #:	74-2236641
NYS Vendor ID #:	1000057867
Contract Administrator Name:	Cindy Hawkins
Title:	Bid Manager/Dealer Support
Email:	chawkins@artcobell.com
Phone:	254-899-3610
Toll Free Phone:	877-778-1811

SALES/BILLING (if different from above)	
Contact Name:	Cindy Hawkins
Title:	Bid Manager/Dealer Support
Address:	1302 Industrial Boulevard Temple TX 76504
Email:	chawkins@artcobell.com
Phone:	254-899-3610
Toll Free Phone:	877-778-1811

EMERGENCIES	
Contact Name:	Cindy Hawkins
Title:	Bid Manager/Dealer Support
Address:	1302 Industrial Boulevard Temple Tx 76504
Email:	chawkins@artcobell.com
Phone:	254-899-3610
Cell Phone:	877-778-1811

RESELLER INFORMATION	
Company Name:	HNE Equipment
Address:	1493 Church Street Holbrook NY 11741
Federal ID #:	11-3113455
NYS Vendor ID #:	1000005865
Contact Name:	Steven Myers
Title:	Vice President
Email:	steve@hneequipment.com
Hours of Availability:	8AM to 5PM M-F
Phone:	631-563-6500 Fax: 631-563-6502
MWBE and/or SDVOB Certification:	<input type="checkbox"/> NYS Certified Women Owned <input type="checkbox"/> NYS Certified Minority Owned <input type="checkbox"/> SDVOB
SBE:	<input type="checkbox"/> NYS Small Business Enterprise (self-identified)
Reseller is Authorized to: (check all that apply)	<input checked="" type="checkbox"/> Take orders <input checked="" type="checkbox"/> Ship Direct <input type="checkbox"/> Receive Payment *
Restrictions Applicable to this Reseller (if any):	

*If a Reseller is allowed to accept payment they MUST have a NYS Vendor ID

RESELLER INFORMATION	
Company Name:	Nickerson Corporation
Address:	11 Moffitt Boulevard Bay Shore NY 11706
Federal ID #:	06-0905538
NYS Vendor ID #:	1000005344
Contact Name:	Bruce J Paci
Title:	Vice President
Email:	bpaci@nickersoncorp.com
Hours of Availability:	8AM to 4PM M-F
Phone:	631-666-0200 x230 Fax: 631-666-2667
MWBE and/or SDVOB Certification:	<input checked="" type="checkbox"/> NYS Certified Women Owned <input type="checkbox"/> NYS Certified Minority Owned <input type="checkbox"/> SDVOB
SBE:	<input checked="" type="checkbox"/> NYS Small Business Enterprise (self-identified)
Reseller is Authorized to: (check all that apply)	<input checked="" type="checkbox"/> Take orders <input checked="" type="checkbox"/> Ship Direct <input type="checkbox"/> Receive Payment *
Restrictions Applicable to this Reseller (if any):	

RESELLER INFORMATION	
Company Name:	A.R. Kropp LLC D/B/A A.R. Kropp Co. & Sons
Address:	1515-B Fifth Industrial Court Bay Shore NY 11706
Federal ID #:	11-3557719
NYS Vendor ID #:	1100119502
Contact Name:	Greg Kropp
Title:	Partner
Email:	greggkropp@arkshelving.com
Hours of Availability:	
Phone:	613-423-3661
MWBE and/or SDVOB Certification:	<input type="checkbox"/> NYS Certified Women Owned <input type="checkbox"/> NYS Certified Minority Owned <input checked="" type="checkbox"/> SDVOB
SBE:	<input type="checkbox"/> NYS Small Business Enterprise (self-identified)
Reseller is Authorized to: (check all that apply)	<input checked="" type="checkbox"/> Take orders <input checked="" type="checkbox"/> Ship Direct <input type="checkbox"/> Receive Payment *
Restrictions Applicable to this Reseller (if any):	

RESELLER INFORMATION	
Company Name:	Intivity Inc.
Address:	106 Despatch Drive Suite 2 Rochester NY 14445
Federal ID #:	16-1478699
NYS Vendor ID #:	1000008256
Contact Name:	Fabricio Morales
Title:	President
Email:	fmorales@invity.com
Hours of Availability:	8AM to 5PM M-F
Phone:	585-673-2715
MWBE and/or SDVOB Certification:	<input type="checkbox"/> NYS Certified Women Owned <input checked="" type="checkbox"/> NYS Certified Minority Owned <input type="checkbox"/> SDVOB
SBE:	<input checked="" type="checkbox"/> NYS Small Business Enterprise (self-identified)
Reseller is Authorized to: (check all that apply)	<input checked="" type="checkbox"/> Take orders <input checked="" type="checkbox"/> Ship Direct <input type="checkbox"/> Receive Payment *
Restrictions Applicable to this Reseller (if any):	

*If a Reseller is allowed to accept payment they MUST have a NYS Vendor ID

RESELLER INFORMATION	
Company Name:	BFI Business Furniture Inc.
Address:	10 Landex Plaza W #202, Parsippany, NJ 07054
Federal ID #:	22-1453912
NYS Vendor ID #:	1100011925
Contact Name:	Peter Gato
Title:	Sales Manager
Email:	pgato@bfifurniture.com
Hours of Availability:	9AM to 5PM M-F
Phone:	973-795-6403
MWBE and/or SDVOB Certification:	<input type="checkbox"/> NYS Certified Women Owned <input type="checkbox"/> NYS Certified Minority Owned <input type="checkbox"/> SDVOB
SBE:	<input type="checkbox"/> NYS Small Business Enterprise (self-identified)
Reseller is Authorized to: (check all that apply)	<input checked="" type="checkbox"/> Take orders <input checked="" type="checkbox"/> Ship Direct <input type="checkbox"/> Receive Payment *
Restrictions Applicable to this Reseller (if any):	

*If a Reseller is allowed to accept payment they MUST have a NYS Vendor ID